Barbara Worgess, MPH, Director

Fees: (all temporary permits are valid for 90 days)

( ) Non-profit food and samplers

( ) For profit vendors

**Environmental Services** 

Kimbal Babcock, MPH, Senior Manager



2500 N. Fort Valley Road, Building 1 Flagstaff, Arizona 86001 TEL 928.226.2710 FAX 928.226.2711

\$65.00

\$95.00

\$150.00

## **Application for a Temporary Food Service License**

Applications must be received by Environmental Health a **minimum of TEN (10) days prior to the event**. Late applications will be assessed a penalty fee (see below). You may apply for more than one event at a time; **fill out one application for each event**.

( ) For profit food at non-profit event; vendors that sell non-phf's (lemonade, etc.)

<ul><li>( ) Penalty fee for appl</li><li>( ) Penalty fee for appl</li></ul>	\$20.00 \$60.00					
PLEASE PRINT CLEAR	RLY:					
Applicant's Name & Bu	siness Name	j.				
Address:						
Phone numbers (we w	rill call you	, please prov	vide phone(s) numbers	where you can b	e reached):	
Event:						
Location(s):		· · · · · · · · · · · · · · · · · · ·				
Date & Time of Event:						
			Phone Number:			
additi Food Item	onal space is Off-site prep Yes or No	On-site prep Yes or No	ese use the back of this  Pre	paration proce		
	Yes or No	Yes or No	(i.e. wash, cut, refrig, g.	rill, serve…be specific	c & <u>incl. prep of non-phfs</u> )	

•	Page?	ge 2			December 2, 2004				
Plan Review:  Complete or describe the following:  Construction of booth:  Mobile Unit [] Tent [] (tents only allowed for certain foods, refer to Temp F.S. Requirem'ts)									
	2.								
	<ol> <li>Attach pictures or a drawing of "booth set-up" inside and out (include hand wash station, dishwashing station, etc.).</li> <li>Number of Certified Food Handlers: *MUST ATTACH COPIES OF CERTIFICATION</li> </ol>								
	4. Name and Phone # of "Person-in-Charge" at booth during event:								
	5.			_	_				
	0.	***Atta	ch a comp	leted comn	Site(s):nissary agreement with application***				
	6. Cold-Holding Equipment: (Coolers are not allowed for storage of PHF's or raw meats)								
	7. Hot-Holding/Cooking Equipment:								
	8. Where will produce be washed? Will meats/foods be thawed? Yes [] No []								
	9. How long will food be in transport to the event?								
	10. How will food be kept hot/cold during transport?								
	11. A calibrated, metal stem probe thermometer(s) is available (range 0 – 220 F). Yes [] No []								
	12.	Type of chemica	al to be used	as a sanitize	r: Chlorine/Bleach [] Quaternary Ammonium [] Iodine []				
	13.	Test strips to m	onitor chemi	cal sanitizer	concentration: Yes [ ] No [ ]				
	14. Hand washing facilities: Plumbed sink [], Gravity Flow [], Dispensed soap/paper towels []								
	15.	Dishwashing Fa	cilities:	3-bin sink	[] 3 portable tubs []				
	16.	Where will water	er for the ope	eration come	from?				
	17.	Waste water dis	sposal: Sew	ver [], Sep	otic [], RV dump station []				
	18.	Covered Garbag	ge Cans:	Yes [] N	- Ло [ ]				
	19.	Where will food	be stored du	uring the eve	ning hours when the booth is unoccupied?				
					ty and acknowledge that issuance and retention of this permit is mporary Food Service Requirements. I also understand that				
		mit fee is non-refu							
Ap	plica	nt's Signature:			Date:				
3M)	Officia	al Use Only							
R	eviewe	ed by:			Date:				
[	] Appr	oved	[ ] Denied		*Attach plan review sheet				

revised by kmw 10/08